

# VOLUNTEER APPLICATION (Continued on back)



Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #(\_\_\_\_) \_\_\_\_\_ Alternate Phone #(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

In case of an emergency, contact: \_\_\_\_\_ Their phone #(\_\_\_\_) \_\_\_\_\_

## EDUCATION AND SKILLS:

☐ Do you need community service hours? ☐ High School ☐ College

☐ Special training, skills or hobbies that can assist you in this position: \_\_\_\_\_

☐ Do you have any experience working with animals? \_\_\_\_\_

☐ Bilingual? List languages you speak/read/write: \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

List all other previous volunteer experience: \_\_\_\_\_

## WORK EXPERIENCE: List present or previous occupations. Use separate sheet if necessary.

Employer Name/Address	Phone	Duties
DATES: From	To	Reason for Leaving:
Employer Name/Address	Phone	Duties
DATES: From	To	Reason for Leaving:
Employer Name/Address	Phone	Duties
DATES: From	To	Reason for Leaving:

Have you ever been discharged or forced to resign from any position? ☐ No ☐ Yes (please explain)

Have you ever been convicted as an adult for any violation of the law? ☐ No ☐ Yes (please explain)

If yes, provide dates, locations and penalties. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Codes 11357(b) or (c), 11364, 11365 and 11550 as related to marijuana. Conviction is not necessarily a bar to acceptance. Each case will be given individual consideration. Failure to list all convictions other than those excluded above may disqualify you from further consideration.

Have you ever had your drivers license suspended or revoked? ☐ No ☐ Yes (please explain)

## OTHER EXPERIENCE OR SPECIAL INTERESTS: Please check any area you have experience with or are interested in.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Exercising dogs             | <input type="checkbox"/> Obedience work with dogs              | <input type="checkbox"/> Grooming Animals                         |
| <input type="checkbox"/> Working with reptiles       | <input type="checkbox"/> Working with rabbits                  | <input type="checkbox"/> Working with cats (socializing and play) |
| <input type="checkbox"/> Cleaning kennels/play areas | <input type="checkbox"/> Working in an office                  | <input type="checkbox"/> Greeting and working with people         |
| <input type="checkbox"/> Coordinating volunteers     | <input type="checkbox"/> Educations programs and presentations | <input type="checkbox"/> Special Events                           |
| <input type="checkbox"/> Photography                 | <input type="checkbox"/> Other _____                           |   |

AVAILABILITY: List times you will be available each day to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

DURATION OF SERVICE: Please list the dates you can be available as a volunteer:\_\_\_\_\_

Please list any physical limitations that need to be accommodated to help you volunteer\_\_\_\_\_

ESSAY QUESTION: Please attach a separate sheet.  
“Why do you want to become a volunteer at the Chula Vista Animal Care Facility, and how can you benefit the facility, the community, and the animals?”

AGREEMENTS AND RELEASE OF LIABILITY

**ADULTS (18 Years +)**

*1) I understand that there could be some risks and hazards involved with volunteering at the Chula Vista Animal Care Facility and I authorize them to seek emergency medical treatment for me in case of accident, injury or illness. 2) I agree to abide by the policies and procedures presented to me during the volunteer training and as updated thereafter. 3) I will take ideas, constructive comments, suggestions or criticisms directly to the Volunteer Coordinator or other supervisor assigned by the Animal Care Facility. 4) If communication problems arise between employees or other volunteers and myself, I will report these to the Volunteer Coordinator as soon as possible. 5) I agree not to provide information to (or about) former owners, adopters, donors, employees or volunteers to anyone unless my supervisor has approved divulging such information. 6) I agree to make a volunteer commitment of at least 6 months. I understand the number of hours I volunteer may vary depending upon which program I am assisting with. 7) I understand my volunteer assignment may be terminated at any time at the discretion of the Volunteer Coordinator or my supervisor. 8) As a condition of being accepted as a volunteer with the City of Chula Vista Animal Care Facility, I agree to maintain a high degree of ethical standards and be law abiding in all respects. I further acknowledge and agree to a background check to determine my suitability to volunteer at the Animal Care Facility. Should any unethical or illegal behavior be discovered, I can be terminated from volunteer service at any time. 9) I will follow the City of Chula Vista’s media policies, and alert my supervisor immediately of any media activity. 10) I understand that, as a volunteer, I am representing the City of Chula Vista (but I am not an employee) and will adhere to the guidelines set forth by the program. 11) I acknowledge that the City of Chula Vista does not take court referred volunteers.*

*I certify that I have read, understand, and agree to the above-mentioned. I further certify that I am 18 years of age and am capable of performing volunteer duties. If I cannot complete the project(s) assigned to me, I will notify my supervisor immediately. I acknowledge that the City of Chula Vista has extended its workers’ compensation coverage to volunteers and I agree to accept that coverage. I understand that loss or damage to personal property used while volunteering is not reimbursable under City regulations.*

Adult Volunteer Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

**MINORS (Volunteers must be at least 15 1/2 years of age with parent/guardian authorization.)**

*I understand that, as a volunteer, I am representing the City of Chula Vista and will adhere to the guidelines se forth by the program.*

Minor Volunteer Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

*I (PRINT name of parent or legal guardian)\_\_\_\_\_ consent to allow my minor child or dependent (PRINT name of child or dependent)\_\_\_\_\_to provide volunteer services to the City of Chula Vista and the Animal Care Facility to fulfill a school or community program volunteer requirement.*

*I hereby waive, release and discharge from liability the City of Chula Vista and its directors, officers, employees, representatives, agents, and the activity holders for the injury, property loss or damage, or death of the above-mentioned minor. I agree to indemnify and hold harmless the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of the minor’s actions during a volunteer activity, except those claims arising from the sole negligent or willful conduct of the City of Chula Vista or its agents. I acknowledge that the City of Chula Vista does not take court referred volunteers. I certify that I have ready this document thoroughly and understand its content. I further certify that I am the parent or legal guardian of the above-named minor.*

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_